

SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

OCT 1 0 2006

Expires: April 30, 2008
Estimated average burden
hours per response............. 16.00

Jul 3	or response	10.00
-	SEC USE ONLY	
Prefix	ζ	Serial

DATE RECEIVED

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

Name of Offering (check if this is an amendment and name has changed, and indicate change.) Series C Preferred Stock Financing	
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Filing: New Filing Amendment	Section 4(6) ULOE
A. BASIC IDENTIFICATION DATA	
1. Enter the information requested about the issuer Name of Issuer (check if this is an amendment and name has changed, and indicate change.) Skyrider, Inc. (f.k.a. "cRight, Inc.")	OCT 1 9 2008 THOMSON
Address of Executive Offices (Number and Street, City, State, Zip Code) 201A Ravendale Drive, Mountain View, CA 94043	Telephone Number (Including Area Code) (650) 353-5000
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)	Telephone Number (Including Area Code)
Brief Description of Business Anti-piracy Software	
Type of Business Organization Corporation	(please specify):
Actual or Estimated Date of Incorporation or Organization: Month Year	Actual Estimated late: D E

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

	cer and o	director of corp	porate i	ssuers and of corporat		or disposition of, 10% ral and managing part			securities of the issuer; nd
Check Box(es) that Apply:	\boxtimes	Promoter	\boxtimes	Beneficial Owner	\boxtimes	Executive Officer	\boxtimes	Director	General and/or Managing Partner
Full Name (Last name first, i	findivi	dual)							
Cohen, Ori									
Business or Residence Addre c/o Skyrider, Inc., 201A Ra			-						
Check Box(es) that Apply:	\boxtimes	Promoter		Beneficial Owner	\boxtimes	Executive Officer		Director	General and/or Managing Partner
Full Name (Last name first, i	findivi	dual)							
Khirman, Stanislav			<u></u>						
Business or Residence Addre	ss (Nur	nber and Stree	et, City	, State, Zip Code)					
c/o Skyrider, Inc., 201A Ra	vendale	Drive, Mou	ntain \	/iew, CA 94043					
Check Box(es) that Apply:		Promoter	\boxtimes	Beneficial Owner		Executive Officer		Director	General and/or Managing Partner
Full Name (Last name first, i Zachary, George	f individ	dual)							
Business or Residence Addre	ss (Nur	nber and Stree	et, City	, State, Zip Code)					
c/o Charles River Venture	Ventur	es, 1000 Wint	ter Str	eet, Suite 3300, Wal	tham	, MA 02451			
Check Box(es) that Apply:		Promoter		Beneficial Owner		Executive Officer		Director	General and/or Managing Partner
Full Name (Last name first, i Charles River Funds	findivi	dual)							
Business or Residence Addre 1000 Winter Street, Suite 3.				, State, Zip Code)					
Check Box(es) that Apply:		Promoter	\boxtimes	Beneficial Owner	\boxtimes	Executive Officer	\boxtimes	Director	General and/or Managing Partner
Full Name (Last name first, i	findivi	dual)							 · ·
Kozel, Edward									
Business or Residence Addre c/o Skyrider, Inc., 201A Ra	•			•					
Check Box(es) that Apply:		Promoter	☒	Beneficial Owner		Executive Officer		Director	General and/or Managing Partner
Full Name (Last name first, i Sequoia Seed Capital II, (Is									
Business or Residence Addre			et, City	, State, Zip Code)					
3000 Sand Hill Road, Bldg.	4, Suite	e 180, Menlo	Park,	CA 94025					
Check Box(es) that Apply:		Promoter	Ø	Beneficial Owner		Executive Officer	\boxtimes	Director	General and/or Managing Partner
Full Name (Last name first, i	findivid	iual)							
Business or Residence Addre	ss (Nun	nber and Stree	et, City	, State, Zip Code)					
c/o Sequoia Seed Capital II.	(Israe) L.P., 3000 S	Sand F	lill Road, Bldg. 4, S	uite 1	80, Menlo Park, CA	9402	5	
		(Use blank	k sheet,	or copy and use add	litiona	l copies of this sheet	as ne	cessary)	

DASIC IDENTIFICATION DATA

2.

Enter the information requested for the following:

Each promoter of the issuer, if the issuer has been organized within the past five years;

Check Box(es) that Apply:	Promoter	П	Beneficial Owner	П	Executive Officer	\boxtimes	Director	General and/or
			Denoticial Owner					Managing Partner
'ull Name (Last name first, i	f individual)							
Britts, David								
Business or Residence Addre	·	-	•					
/o ComVentures VI, L.P.,	305 Lytton Avenue,							 <u> </u>
Check Box(es) that Apply:	Promoter	×	Beneficial Owner		Executive Officer		Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)							
ComVentures VI, L.P.								
Business or Residence Addre	ess (Number and Stre	et, City	, State, Zip Code)					
305 Lytton Avenue, Palo A	lto, CA 94301							
Check Box(es) that Apply:	Promoter		Beneficial Owner		Executive Officer		Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)							•
Business or Residence Addre	ess (Number and Stre	et, City	, State, Zip Code)					
Check Box(es) that Apply:	Promoter		Beneficial Owner		Executive Officer		Director	General and/or
Full Name (Last name first, i	f individual)			•				 Managing Partner
Business or Residence Addre	ess (Number and Stre	et, City	, State, Zip Code)			•		
Check Box(es) that Apply:	Promoter		Beneficial Owner		Executive Officer		Director	General and/or Managing Partner
Check Box(es) that Apply: Full Name (Last name first, i			Beneficial Owner		Executive Officer		Director	
	f individual)	et, City			Executive Officer		Director	
Full Name (Last name first, i Business or Residence Addre	f individual)	et, City			Executive Officer Executive Officer		Director	
Full Name (Last name first, i	f individual) ess (Number and Stre	et, City	, State, Zip Code)					Managing Partner General and/or
Full Name (Last name first, in Business or Residence Address Check Box(es) that Apply: Full Name (Last name first, in the state of the	f individual) ess (Number and Stre Promoter f individual)		, State, Zip Code) Beneficial Owner					Managing Partner General and/or
Full Name (Last name first, in Business or Residence Address Check Box(es) that Apply: Full Name (Last name first, in Business or Residence Address	f individual) ess (Number and Stre Promoter f individual)		, State, Zip Code) Beneficial Owner					Managing Partner General and/or
Full Name (Last name first, in Business or Residence Addressed Box(es) that Apply:	f individual) ess (Number and Stre Promoter f individual) ess (Number and Stre Promoter		, State, Zip Code) Beneficial Owner , State, Zip Code)		Executive Officer		Director	General and/or Managing Partner General and/or General and/or

Α.

Each promoter of the issuer, if the issuer has been organized within the past five years;

Enter the information requested for the following:

2.

1.	Has the	issuer sold,	or does the is	ssuer intend t	o sell, to no	n-accredited	investors in t	his offering?)			Yes □	No ⊠
		,			Answer	also in Apper	ndix, Columi	2, if filing t	ander ULOE.				
2.	What is the minimum investment that will be accepted from any individual?										\$	N/A	
3.	Does the offering permit joint ownership of a single unit?										Yes ⊠	N₀ □	
4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.													
Full 1	Name (L	ast name fir	st, if individu	ıal)									
Busin	ness or R	Residence Ac	ldress (Numl	per and Street	, City, State	, Zip Code)							
Nam	e of Ass	ociated Brok	er or Dealer			·							
State	a in 11/hi	ah Dangan L	istad Has Sa	licited or Inte	nda to Colio	ít Durchagora							
			•									□ A1	l States
, ,							[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
-	AL] IL]	[AK] [IN]	[AZ] [IA]	[AR] [KS]	[CA] [KY]	[CO] [LA]	[ME]	[MD]	[BC]	[Ml]	[MN]	[MS]	[MO]
•	MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	(NY)	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
	R1]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full 1	Name (L	ast name fir	st, if individu	ıal)									
	. `												<u>.</u>
Busin	ness or R	Residence Ac	ldress (Numl	oer and Street	, City, State	e, Zip Code)							
Nam	e of Ass	ociated Brok	er or Dealer			•							
State	s in Whi	ich Person L	isted Has So	licited or Inte	nds to Solic	it Purchasers							
(C	heck "A	Il States" or	check indivi	duals States)	••••	****************						□ A1	l States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	(HI)	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[[MA]	[MI]	[MN]	[MS]	[MO]
[MT)	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	{WA}	[WV]	[WI]	[WY]	[PR]
Full 1	Name (L	ast name fir	st, if individu	ıal)	_					· ·			
Busin	ness or R	Residence Ac	ldress (Numl	per and Street	, City, State	, Zip Code)							·····
Name	e of Ass	ociated Brok	er or Dealer		_								
State	s in Whi	ch Percon I	icted Une So	licited or Inte	nde to Solie	it Durchagers							
				duals States)								Γ [*] 1 Δ1	l States
`	AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
_	IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[[MA]	[MI]	[G/I] [MN]	[MS]	[MO]
	MT}	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
	RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[MI]	[WY]	[PR]
				(Use b					nis sheet, as n			- •	

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE	OF PROCEEDS	
1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \(\sigma\) and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
	Type of Security	Aggregate Offering Price	Amount Aiready Sold
	Debt		\$
	Equity	\$ 12,250,000.00	\$ 12,000.002.00
	☐ Common ☐ Preferred		
	Convertible Securities (including warrants)	\$	\$
	Partnership Interests	- -	\$
	Other (Specify)		\$
	Total		\$ 12,000.002.00
	Answer also in Appendix, Column 3, if filing under ULOE.	12,230,000.00	<u> </u>
_			
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		
		Number	Aggregate Dollar Amount
	Accredited investors	Investors	of Purchase
			\$ <u>12,000.002.00</u>
	Non-accredited Investors		\$
	Total (for filings under Rule 504 only)	N/A	\$ <u>N/A</u>
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.		
	Type of Offering	Type of Security	Dollar Amount Sold
	Rule 505		\$
	Regulation A		\$
	Rule 504		\$
	Total		\$
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		\$
	Printing and Engraving Costs	_	\$
	Legal Fees		\$ 20,000.00
	Accounting Fees	П	\$\$
	Engineering Fees		\$ \$
	Sales Commissions (specify finders' fees separately)		\$ \$
	· · · · · · · · · · · · · · · · · · ·		9
	Other Expenses (identify)		5
	10101	\boxtimes	\$ <u>20,000.00</u>

	b. Enter the difference between the aggregatotal expenses furnished in response to Part proceeds to the issuer."	C - Question 4.a. This differen	nce is the "adjusted gross		\$ 12,230,000.00		
5.	Indicate below the amount of the adjusted gr the purposes shown. If the amount for any p left of the estimate. The total of the paymer forth in response to Part C - Question 4.b at	ch of o the					
				Payments to Officers, Directors & Affiliates	Payments To Others		
	Salaries and fees			S	s		
	Purchase of real estate			🔲 s	□ s		
	Purchase, rental or leasing and installation	of machinery and equipment		🗆 s	□ s		
	Construction or leasing of plant buildings a	nd facilities		🗆 \$	S		
	Acquisition of other businesses (including tused in exchange for the assets or securities	he value of securities involved of another issuer pursuant to a	in this offering that may be	🗆 s	□ s		
•	Repayment of indebtedness						
	Working capital						
	Other (specify):						
	Column Totals	,	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		 \$12,230,000.00		
	Total Payments Listed (column totals	added)		X 12,23	S 12,230,000.00		
_		D. FEDER	AL SIGNATURE				
und	issuer has duly caused this notice to be signed be ertaking by the issuer to furnish the U.S. Securivedited investor pursuant to paragraph (b)(2) of I	ties and Exchange Commission,					
Issi	ier (Print or Type)	Signature		Date			
	rider, Inc. me of Signer (Print or Type)	Title of Signer (Print or		October 2, 2006			
	vard Kozel	President and Chief Exec	· · / /				
		ATTE	NTION				
	Intentional Misstatements	or Omissions of Fact Constitu		ions. (See 18. U.S.C. 100	1.)		

OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

C.